

**PREA AUDIT REPORT     Interim    Final**  
**ADULT PRISONS & JAILS**

**Date of report:** December 1, 2017

<b>Auditor Information</b>			
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<b>Telephone number:</b> 540-903-6457			
<b>Date of facility visit:</b> February 20-22, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Riverbend Correctional Facility			
<b>Facility physical address:</b> 196 Laying Farm Road, Milledgeville, GA 30161			
<b>Facility mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Facility telephone number:</b> 478-414-2300			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Fredrick J. Head			
<b>Number of staff assigned to the facility in the last 12 months:</b> 282			
<b>Designed facility capacity:</b> 1500			
<b>Current population of facility:</b> 1489			
<b>Facility security levels/inmate custody levels:</b> Minium/Medium			
<b>Age range of the population:</b> 18-71			
<b>Name of PREA Compliance Manager:</b> Keith Kelly		<b>Title:</b> PREA Compliance Manager	
<b>Email address:</b> <a href="mailto:kekelly@geogroup.com">kekelly@geogroup.com</a>		<b>Telephone number:</b> 478-414-2394	
<b>Agency Information</b>			
<b>Name of agency:</b> The GEO Group Inc			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Click here to enter text.			
<b>Physical address:</b> One Park Place, Suite 700, 621 Northwest 53rd Street, Boca Raton Florida 33487			
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<b>Telephone number:</b> 561-999-5827			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> George C. Zoley		<b>Title:</b> Chairman of the Board, CEO and Founder	
<b>Email address:</b> gzoley@geogroup.com		<b>Telephone number:</b> 561-893-0101	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Phebia L. Moreland		<b>Title:</b> Director Contract Compliance, PREA Coordinator	
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## AUDIT FINDINGS

### NARRATIVE

The PREA audit of the Riverbend Correctional Facility was conducted on February 20-22, 2017 by Mr. David Haasenritter. The announcement of the audit was posted on January 8, 2017. Approximately two weeks prior to the audit, the auditor received the Pre-Audit Questionnaire and additional documents through a secure thumbdrive. Documents included examples from 2015, 2016, and 2017. The night before the audit the institution provided a roster of all inmates housed at the institution; lists of inmates for specific categories to be interviewed; and a list of all staff by duty position and shifts that were used to identify inmates and staff to be interviewed (random and specific category).

The auditor contacted Just Detention International (JDI) in reference to any information previously submitted by inmates at the Riverbend Correctional Facility and reviewed both the GEO website and Georgia Department of Corrections prior to the audit. The GEO website is one of the easiest to find PREA information of all agencies this auditor has audited. GEO PREA page is very informative and has general PREA information on: agency zero tolerance policy; how for staff, inmates, and third parties to report; information on investigations; and where questions and inquiries can be forwarded to the PREA Coordinator (phone number, email, and mailing address). It also has a number of links to include: PREA standards; GEO basic and investigative PREA policies; GEO facility PREA audit reports; and GEO's current annual PREA Report.

Following the entrance meeting with staff, the auditor toured the facility on February 20, 2017 and went back to certain areas in the institution on February 21 – 22, 2017. While touring, random inmates and staff were informally interviewed (not counted in interview count) and questioned about their knowledge of PREA standards, procedures for reporting, services available and their responsibilities. All staff and inmates informally interviewed during the tour acknowledged receiving training and procedures for reporting sexual abuse, sexual harassment and/or retaliation for reporting. During the tour the auditor reviewed staffing; logs; physical plant; sight lines; camera coverage; tested the inmate phone system for reporting allegations and for emotional support services; and institution operations.

Following the initial tour, the auditor began the formal interviews, review of investigations, checking of cameras, and random checks of personnel, medical, and training records. Some of the review of staff and inmate records were scanned for review after the on-site audit. The auditor conducted 39 staff interviews (15 random, 24 specialized). The GEO PREA Coordinator and Agency head representative was interviewed prior to the audit. Staff interviewed was well versed in their responsibilities in reporting sexual abuse, sexual harassment, and staff negligence; first responder duties; and evidence preservation. GEO has continued to build a culture of zero tolerance.

A total of 32 inmates were formally interviewed (does not count two inmates who refused): 32 random interviews and 16 specialized interviews (LGBTI (6), who disclosed sexual victimization during screening (3); who reported sexual abuse or harassment while confined (3), limited English (2); disabled (1); and one (1) inmate who wrote to the auditor prior to the audit. Majority of the inmates interviewed acknowledged receiving PREA training and written materials (posters, pamphlets, and inmate's handbooks) in a language they understand outlining the agencies zero tolerance policies towards sexual abuse; knew the reporting procedures; and reported staff of the opposite gender announced when entering a housing area. All inmates who were asked stated they felt safe at the institution. The auditors found the inmates aware of PREA.

The auditors reviewed 21 investigations of sexual abuse and sexual harassment at Riverbend Correctional Facility during the audit cycle and interim report writing period. There were five (5) inmate-inmate allegations: one (1) inmate-on-inmate sexual harassment unsubstantiated; three (3) inmate-on-inmate sexual harassment unfounded; and one (1) inmate-on-inmate sexual abuse unsubstantiated. Two (2) consensual inmate-inmate sexual activity cases also were investigated and determined to be substantiated.

There were 14 staff-on-inmate allegations: two (2) staff-on-inmate sexual harassment unsubstantiated; nine (9) staff-on-inmate sexual harassment unfounded; one (1) staff-on-inmate sexual abuses unsubstantiated; and two (2) staff-on-inmate sexual abuse unfounded. When the on-site audit was completed, the auditor conducted an exit meeting. While the auditor could not give the institution a final finding, the auditor did provide a preliminary status of his findings. The auditor thanked GEO, Georgia Department of Corrections, and Riverbend Correctional Facility staff for their hard work and commitment to the Prison Rape Elimination Act.

During the interim report writing and corrective action period, the auditor reviewed additional documents, modified forms, and conducted staff interviews.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Riverbend Correctional Facility is a GEO facility that provides secure care, custody, and control for Georgia Department of Corrections inmates. Riverbend Correctional Facility is a 1,500-bed medium security adult male facility located in Milledgeville, Georgia. The count on the first day of the audit was 1,489 inmates. The Riverbend Correctional Facility is 277,635 square feet located on approximately 70 acres. The campus-style design includes cell and dormitory housing, programming space, medical and dental clinics. Housing consists of six housing units. Four housing units are dormitory style with four pods each. One housing unit contains two dormitory style pods and two cell housing pods. One housing unit contains four cell housing pods. One segregation unit contains 48 beds for administrative segregation and 24 beds for disciplinary detention. The facility is accredited by both the American Correctional Association and National Commission on Correctional Health Care.

The mission of the Riverbend Correctional Facility is to provide an integrated and holistic delivery of individual treatment programming to the inmate population.

## **SUMMARY OF AUDIT FINDINGS**

On February 20 – 22, 2017, the on-site visit was completed. Within a week of the audit being completed, the auditor provided a list of not met standards, and standards requiring additional information. During the 45-day interim report writing period, five (5) standards were identified as requiring corrective action. On August 18, 2017, the auditor found Riverbend Correctional Facility compliant with all PREA standards. The final results of the Riverbend Correctional Facility PREA audit is listed below:

Number of standards exceeded: 3

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 2

### **Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

GEO operates the Riverbend Correctional Facility to house Georgia Department of Corrections inmates. GEO has very good written policies mandating zero tolerance towards all forms of sexual abuse and sexual harassment that outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The main PREA policies are GEO Policy 5.1.2, Sexual Abuse Behavior Prevention and Intervention Program (PREA); GEO Policy 5.1.2-A, Sexual Abuse Behavior Prevention and Intervention Program (PREA for Adult Prison, Jail, and Adult Community Confinement Facilities); and GEO Policy 5.1.2-E, Investigating Allegations of Sexually Abusive Behavior (PREA). Other agency policies supplement these main PREA policies. Riverbend Correctional Facility Policy 10.22 Prison Rape Elimination Act is the facility supplement to implement PREA. Agency and facility policies and procedures were very well organized. It is clear to the auditor that the Prison Rape Elimination Act is part of the GEO fabric.

GEO employs an upper-level, agency-wide facility PREA Coordinator and a PREA Compliance Manager. Ms. Phebia Moreland is the PREA Coordinator. She is very knowledgeable of PREA standards and is one of the top PREA Coordinators I have met. Ms. Moreland has the authority to develop, implement, and oversee PREA compliance. She is very active in coordinating PREA, consistently sending updates to facilities, especially as FAQs are posted on the PREA website. She conducts training and meetings to keep unit PREA Compliance Managers up to date on any changes and best practices. She is consistently looking for ways to improve GEO's PREA program. The GEO organization chart demonstrates Ms. Moreland is in a position of authority. The auditor has observed her develop, implement and oversee compliance over the last three years. Ms. Moreland keeps up with PREA FAQs and her facility audits to make any necessary modifications to policy, procedure, and training in order to make GEO facilities not only PREA compliant; but for inmates and staff to be safe from sexual assault and sexual harassment. She indirectly supervises 80 compliance managers (Prisons and Jails, Community Corrections, Lockups, and Juveniles) through three regional corrections coordinators, one community corrections coordinator, and one juvenile coordinator. She often goes directly to the compliance managers to coordinate changes, provide updates, conduct training, and on-site during audits.

Mr. Keith Kelly (Mental Health Director) is the Riverbend Correctional Facility PREA Compliance Manager, who reports to the Warden for PREA. He was knowledgeable of PREA standards and was actively involved in PREA activities. Mr. Kelly claimed to have enough time to perform his PREA duties and discusses issues with the Warden. He coordinates and conducts training, provides information at staff calls, contacts PREA Coordinator for clarification and coordinates with facility leadership. The Riverbend Correctional Facility organizational chart and interviews demonstrated he had the authority to coordinate the facility's efforts to comply with PREA.

### **Standard 115.12 Contracting with other entities for the confinement of inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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GEO Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA for Adult Prison and Jail and Adult Community Confinement Facilities) states GEO shall adhere to all contracts with other entities for the confinement of individuals that require its obligation to adapt and comply with the PREA standards. It also states contractors in its facilities that have direct contact with individuals in GEO facilities or programs shall be obligated to comply with PREA standards. These requirements are required to be in the contracts. The auditor reviewed the contract between GEO and Georgia Department of Corrections; the contract requires compliance with PREA standards. There is an Georgia Department of Corrections on-site client monitor responsible for ensuring compliance. GEO is a private provider and does not contract with other agencies for the confinement of inmates.

### Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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GEO ensures each institution it operates develops documents, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse by monitoring and reviewing the staffing plans. GEO Policy 5.1.2-A establishes procedures to develop and monitor staffing plans uses the criteria found in standard 115.13 (a) to include generally accepted correctional practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the institution’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated); composition of the inmate population; number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; prevalence of substantiated and unsubstantiated incidents of sexual abuse; and other relevant factors to develop and review the staffing plan. Riverbend Correctional Facility Policy 10.26 Security Operations – Duty Officer, addresses procedures for intermediate and higher level unannounced rounds.

Riverbend Correctional Facility had 400 cameras located throughout the facility. Camera videos are recorded for up to 30 days.

The auditor reviewed the Riverbend Correctional Facility staffing plan and 2014, 2015, and 2016 annual review. The staffing plan is reviewed annually by the facility, GEO Corrections Division, and PREA Coordinator. GEO has established a good form to conduct the annual assessment to ensure all eleven criteria are properly reviewed and addressed. All findings and corrective action is documented by the PREA Coordinator. The plan follows generally accepted correctional practices. There have been no findings of inadequacy from any external or internal oversight bodies. All components of the facility’s physical plant are considered and blind-spots are acknowledged and steps are taken to fix the blind spots. There is a brief description of the inmate population and the times programs are occurring. The signature of the PREA Coordinator on the Annual Review confirmed that this was done in consultation with her.

By policy the facility documents all deviations to the plan and it is reported to GEO. Per the Pre-audit questionnaire and interview of the Warden and PREA Compliance Manager; and review of manning sheets; there were no deviations from the plan. The facility authorizes overtime to fill all positions.

Throughout the site review, the auditor saw evidence that intermediate and higher-level supervisors conduct and document unannounced rounds on all shifts to deter and identify staff sexual abuse and sexual harassment. The auditor reviewed 16 documents of unannounced rounds. Staff and inmate interviews further confirmed the unannounced rounds by supervisors.

### Standard 115.14 Youthful inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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X Not Applicable

GEO policy 5.1.2.A does cover all parts of the standards for GEO facilities that do confine juveniles. Per contract with Georgia Department of Corrections, Riverbend Correctional Facility does not house inmates under the age of 18.

### **Standard 115.15 Limits to cross-gender viewing and searches**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Based on review of GEO policy 5.1.2-A, review of training material, interview of staff and inmates, and observation it was determined the facility limits cross-gender viewing and searches. The auditor reviewed the strip search log, all strip searches were done by male staff on male inmates. Riverbend Correctional Facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches, and staff is prohibited and does not search transgender or intersex inmates to determine inmates' genital status.

Standards 115.15 b and part of c does not apply as Riverbend Correctional Facility is a male only facility.

Based on review of GEO policy 5.1.2-A and Riverbend Correctional Facility policy 10.22, review of training material, and interview of staff and inmates; inmates are able to shower, perform bodily functions, and change clothes without non-medical staff observing their genitalia or buttocks, except in exigent circumstances or when such viewing is incidental to routine cell checks. Most inmates interviewed stated they could shower and change clothes without being observed by female staff. Observation of during the audit identified inmates were unable to shower or perform bodily functions without non-medical staff observing their genitalia or buttocks in some housing units (E, F, G, I, J, and segregation), food service, infirmary, and intake areas. Some were adjusted during the interim report writing period and photos were provided to the auditor. The Corrective Action Plan was to modify shower and toilet areas so inmates are able to shower or perform bodily functions without non-medical staff observing their genitalia or buttocks. Provide the auditor photos of those areas within 90 days of the on-site audit being completed. Photos of all areas was provided to the auditor. The modifications allow inmates to shower or perform bodily functions without non-medical staff observing their genitalia or buttocks in all areas identified during the on-site audit. All the modifications were done professionally and was not rushed to simply meet a standard. Riverbend Correctional Facility was found to be compliant with the standard.

Based on review of GEO policy 5.1.2-A and Riverbend Correctional Facility policy 10.22, review of training material, interview of staff and inmates, review of logs, and observation it was determined female staff do not always announce their presence when entering an inmate housing unit. Logs and interviews of staff and inmates demonstrated female security staff announce at the beginning of the shift. The finding was initially challenged by the facility and DoJ concurred with the auditor that announcing at the beginning of the shift does not meet the standard. The Corrective Action Plan was for the Riverbend Correctional Facility to modify policy and procedures, conduct training and implement announcing each time a female staff member enters the housing unit and no other female staff member is in the housing unit. Riverbend Correctional Facility modified procedures for female staff to announce their presence each time they enter the housing unit and not just at the beginning of shift. Staff were trained and documents demonstrating the training was provided to the auditor. The auditor interviewed staff following 90 days of implementation of announcing. Riverbend Correctional Facility was found to be

compliant with the standard.

Review of training records and lesson plans demonstrated staff had been trained on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Prior to the audit, training documents were provided to the auditor demonstrating staff had been trained on searches of transgender and intersex inmates. Riverbend Correctional Facility asks transgender inmates whether they want to be searched by a male or female staff, if they prefer to shower separately, and the pronoun they want to be referred by. Two examples of the form that captures this information was provided to the auditor. Interviews of staff and transgender inmate, and review of training documentation demonstrated staff received training and properly conduct searches of transgender inmates in a professional and respectful manner.

### **Standard 115.16 Inmates with disabilities and inmates who are limited English proficient**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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GEO Policy 5.1.2-A and Riverbend Correctional Facility procedures ensure inmates with disabilities and who are limited English proficient have access to PREA information and programs. GEO, Georgia Department of Corrections, and Riverbend Correctional Facility has taken appropriate steps to ensure that inmates who are limited English proficient or disabled have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. GEO has a contract with Language Line Solutions Inc., to provide foreign language translation and assistance. Additionally, two staff members are designated as Spanish interpreters. The auditor used the language line and staff for limited English interviews. PREA handouts and inmate handbooks are in English and Spanish. English and Spanish PREA posters are posted throughout the institution for inmates and staff to see. Staff and inmates interviewed stated inmates are not used as interpreters when addressing sexual abuse and sexual harassment allegations. The Pre-Audit Questionnaire (PAQ) stated no inmate interpreters had been used.

Informational and educational materials for inmates with physical and mental disabilities are provided in ways that will enable the inmate to understand the GEO and Georgia Department of Corrections zero tolerance policy and related material and be able to make a claim of sexual abuse or sexual harassment, if necessary. For inmates who are hearing impaired, the facility has a Teletype (TTY) machine available for inmates who are hearing impaired. Provisions can be made for inmates who may be visually impaired, though those with limited vision are assisted by some of the posters having been printed in larger print. For inmates with a mental disability, staff spend time to ensure they understand the PREA basics of definitions and reporting.

### **Standard 115.17 Hiring and promotion decisions**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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GEO Policy 5.1.2-A outlines policy and procedures to ensure staff and contractors are not hired or promoted who has engaged in sexual abuse in a prison, jail, lockup, community confinement institution, juvenile institution, or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion. GEO Policy 5.1.2-A also requires the institution to consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. Prior to the audit reviewed two employee application packets and one contractor packet; and during the audit reviewed eight additional employee application packets and eight contractor packets. Through review of staff and contractor records and staff interviews it was determined Riverbend Correctional Facility staff and contractors are not hired or promoted who has engaged in sexual abuse in a prison, jail, lockup, community confinement institution, juvenile institution, or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion. The documents and interviews also demonstrated GEO and the facility considers incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

GEO Policy 5.1.2-A requires background checks for staff; and to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Prior to and during the on-site audit, reviewed 14 background checks (seven from 2015 and seven from 2016) and employee application packets that demonstrated background checks were done prior to employment, and as applicable contacted prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Interviews of Human Resource staff and employees, and review of application packets also demonstrated contact with prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Background checks include checks through ACCURATE Inc.

GEO Policy 5.1.2-A requires criminal background records check before enlisting the services of any contractor who may have contact with inmates. Reviewed contractors background check prior and during the audit. Interviews of Human Resource staff and contractors, and review of contractor packets demonstrated background checks were conducted.

GEO Policy 5.1.2-A establishes the procedures to conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates. During the audit the auditor reviewed 29 randomly selected background checks conducted on employees and contractors. All staff and contractors had a background check no more than five years old at the time of the audit; though during the audit cycle some staff background checks that were more than five years old before a new one was completed. Most were caught up in 2016. Interviews of Human Resource staff demonstrated the process of conducting background checks every five years were in place. Riverbend Correctional Facility has implemented safeguards to ensure background checks are conducted prior to the five-year anniversary of the check.

GEO Policy 5.1.2-A states shall ask all applicants and employees who may have contact with inmates directly about previous sexual misconduct as described in PREA standard 115.17 (a) in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees; and imposes upon employees a continuing affirmative duty to disclose any such misconduct. GEO Policy 5.1.2-A requires information be provided on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Interviews and review of six (6) applications, three (3) promotion packets, and 16 randomly selected employees annual PREA Disclosure and Authorization forms demonstrated GEO and Riverbend Correctional Facility addressed previous sexual misconduct as described in PREA standard 115.17 (a) in written applications or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees.

GEO Policy 5.1.2-A states material omissions regarding sexual misconduct, or the provision of materially false information, shall be grounds for termination.

GEO Policy 5.1.2-A states GEO will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Interviews of personnel staff demonstrated they provide the information.

### **Standard 115.18 Upgrades to facilities and technologies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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Through review of GEO Policy 5.1.2-A and interviews of the Agency Head representative, PREA Coordinator, PREA Compliance Manager, and Warden it was determined that the GEO considers the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. There were no modifications of the physical plant or updating of monitoring technology in 2015 or 2016. Riverbend Correctional Facility leadership actively review for the need for additional cameras, mirrors, and staffing during annual staffing plan reviews and incident reviews.

### **Standard 115.21 Evidence protocol and forensic medical examinations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) outline evidence protocols for administrative proceedings and criminal prosecutions; requirements for forensic medical exams; and when requested by the victim, a victim advocate to accompany and support the victim through the forensic examination, investigatory interviews, emotional support, crisis intervention, information, and referrals.

Majority of the staff interviewed were very knowledgeable of the evidence protocols, and could explain the protocol for obtaining useable evidence when an inmate alleged sexual abuse. The investigator had a good understanding of the investigative procedures and responsibilities and evidence protocols. The facility has trained victim advocates.

The MOU with the Oconee Regional Medical Center does not address forensic exams and use of SANE/SAFE staff. The auditor contacted the Oconee Regional Medical Center and interviewed the Charge Nurse. She indicated they would conduct a forensic exam by a SANE/SAFE staff of sexual abuse victim from Riverbend Correctional Facility. The auditor recommended updating the MOU. There had been no forensic exam in 2015 or 2016.

Riverbend Correctional Facility contacted four different agencies for victim advocate support. None of the agencies would agree or be able to provide the victim advocate support. Two staff were trained to be victim advocates through the Georgia Network to End Sexual Assault – Sexual Violence Victim Advocate Training. The auditor reviewed the training material which met the requirements of the standard as did the two-designated staff. The auditor also interviewed one of the designated staff members who was very familiar with the role of the victim advocate in the different times of the process. To meet standard 115.53, the Riverbend Correctional Facility signed a MOU for victim advocate support to include those required for this standard.

### **Standard 115.22 Policies to ensure referrals of allegations for investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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GEO Policy 5.1.2-E requires an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, that all allegations of sexual abuse or sexual harassment are referred for investigation by the appropriate authority.

Based on review of the investigative paperwork, and interview of staff and inmates; an administrative or criminal investigation is conducted for all allegations of sexual abuse and sexual harassment. GEO's investigative policy is available on the GEO Web site.

The auditors reviewed 21 investigations of sexual abuse and sexual harassment at Riverbend Correctional Facility during the audit cycle and interim report writing period. There were five (5) inmate-inmate allegations: one (1) inmate-on-inmate sexual harassment unsubstantiated; three (3) inmate-on-inmate sexual harassment unfounded; and one (1) inmate-on-inmate sexual abuse unsubstantiated. Two (2) consensual inmate-inmate sexual activity cases also were investigated and determined to be substantiated.

There were 14 staff-on-inmate allegations: two (2) staff-on-inmate sexual harassment unsubstantiated; nine (9) staff-on-inmate sexual harassment unfounded; one (1) staff-on-inmate sexual abuses unsubstantiated; and two (2) staff-on-inmate sexual abuse unfounded.

### **Standard 115.31 Employee training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

GEO Policy 5.1.2-A and Riverbend Correctional Facility Policy 10.22 addresses PREA staff training requirements. Riverbend Correctional Facility employees receive PREA training annually through scheduled training and roll call. The PREA training curriculum was reviewed and verified that the training provided to employees is very comprehensive. Review of the lesson plan and slides demonstrated the training covered: zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; inmates' right to be free from sexual abuse and sexual harassment; the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The PREA Coordinator modifies GEO wide PREA training curriculum annually emphasizing areas identified as areas needing emphasis. 2017 PREA training emphasized inmate searches. Employees have to acknowledge they understood the training. Prior to the audit, the auditor reviewed seven (7) examples of 2015 and 2016 staff acknowledging they understood the training. The auditor reviewed 25 additional training records on-site, all staff acknowledging they understood the training. Staff interviewed were well versed in the GEO zero tolerance policy; their responsibilities in reporting sexual abuse, sexual harassment, and staff negligence; first responder duties; evidence preservation; and how to professionally conduct pat searches of transgender inmates. Riverbend Correctional Facility is one of the few facilities the auditor has audited that staff could explain or demonstrate how to search transgender inmates in a professional and respectful manner, in the least intrusive manner possible, consistent with security needs. This is a direct reflection of GEO and Riverbend Correctional Facility training program.

### Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

All contractors and volunteers who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. GEO Policy 5.1.2-A and Riverbend Correctional Facility Policy 10.22, and the PREA training curriculum outline training requirements for volunteers and contractors who have contact with inmates. The auditor reviewed contractor and volunteer PREA training material; and contractor and volunteer training records and memorandum stating they understood the training from 2015 (6) and 2016 (6). Interviews of the contractor and volunteer demonstrated their knowledge of PREA, their responsibilities, and the agency zero tolerance policy.

### Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

GEO Policy 5.1.2-A and Riverbend Correctional Facility Policy 10.22 requires that all inmates receive PREA information upon arrival; PREA education within 30 days of intake (within 10 days by institutional policy); and the information be provided in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

Posters and inmate handbooks are provided to inmates or posted in the housing units in formats accessible to all inmates to ensure that key information is continuously and readily available or visible to inmates. The Riverbend Correctional Facility inmate handbook (English and Spanish) has a lot of good information to include defining PREA; GEO Zero Tolerance policy; common reactions; reporting; telephone process and address for outside emotional support services; investigation information; what to do if abused; and how to avoid sexual abuse in confinement. The GEO posters include ways to report, GEO zero tolerance policy, and what actions will occur upon reporting a PREA allegation.

During the tour and interviews most inmates acknowledged the information being provided upon arrival and orientation, and posters displayed throughout the institution. The inmates interviewed definitely knew the zero-tolerance policy; how and who to report to; and that they have the right to be free from retaliation for reporting such incidents. Prior to the audit, the auditor reviewed eight (8) examples from 2015 and six (6) 2016 of an inmate documenting receiving information and receiving comprehensive training; and randomly reviewed 30 additional inmate records onsite and during the report writing period. There was documentation 30 had received information on arrival and comprehensive training during orientation. The limited English inmates interviewed acknowledged the information was provided in formats they understood.

### Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

GEO Policy 5.1.2-A requires the facility investigator receives specialized training in addition to the general education provided to all employees. GEO PREA Coordinator attended the Moss Group “Train the Trainers Specialized Training; Investigating Sexual Abuse in Corrections Setting” sponsored by the PREA Resource Center. She then tailored the program for GEO investigators and is the instructor for all GEO investigator training. The auditor reviewed the specialized training for investigators, and it covered all requirements of the standard to include: techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The auditor reviewed the documentation that the investigators has received both the general and investigative PREA training. The lesson plans, slides and sign-in sheets were reviewed and interview of the investigator demonstrated good understanding of how to conduct a sexual abuse investigation in a confinement setting.

### Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

GEO Policy 5.1.2-A outlines the training required for medical and mental health practitioners to include how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how to report allegations of sexual abuse and harassment. The auditor checked six (6) training records of medical (5) and mental health staff (1) on site; all those checked had received PREA and medical PREA training. Interviews of medical and mental health staff demonstrated they understood: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The five (5) medical and mental health staff interviewed felt safe working at the facility. Medical staff does not conduct forensic medical examinations.

### Standard 115.41 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

GEO policy 5.1.2-A and Riverbend Correctional Facility Policy 10.22 requires facilities to: conduct a screening for risks of sexual victimization and abusiveness within 24 hours of arrival; a follow-up screening for risks of sexual victimization and abusiveness within a set time period, not to exceed 30 days from the inmate’s arrival at the facility; and reassesses inmate’s risk level again when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness.

All inmates are assessed during intake screening for their risks of being sexually abused by other inmates or sexually abusive towards other inmates. Prior to the audit, auditor reviewed two (2) examples of inmate screening forms (initial screen and follow-up screen), one (1) each from 2015 and 2016. The auditor randomly selected 30 inmates and reviewed their screens during the on-site and report writing period. All 30 screens were done IAW timeline requirements. An inmate’s risk level is also reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness. The screening instrument is objective in determining if the inmate is at risk for victimization or abusiveness. During inmates’ interviews, most inmates who arrived within the last 12 months remembered receiving the PREA screen.

The auditor interviewed two (2) staff who conduct the screens; and had the staff perform the screen of the auditor to demonstrate the process of filling out the screening form. The process was done professionally. Some information is provided through asking the inmate questions, others through review of inmate records. All the criteria referenced in the standard are on the form; and inmates are asked all of the questions required to be asked of the inmate except whether the inmate has a mental, physical or developmental disability. The Corrective Action Plan is for Riverbend Correctional Facility to train staff to ask the inmate if he has a mental, physical, or developmental disability and provide the auditor documentation of such training. The auditor will conduct follow-up interview with screeners. The auditor conducted follow-up interviews with screeners and found Riverbend Correctional Facility compliant with the standard.

Staff interviews confirmed appropriate controls have been implemented to ensure that sensitive information is not released and exploited by staff or other inmates.

#### **Standard 115.42 Use of screening information**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Prior to the audit, the auditor determined the facility did not reassess each transgender or intersex detainee at least twice each year to review any threats to safety experienced by the detainee. One transgender detainee who had been at the facility longer than six months. An assessment was conducted during the audit. Policy and procedures were in place, just the wrong form was used. The PREA Compliance Manager will start tracking to ensure the right form is used. The transgender detainee did feel safe at Riverbend Correctional Facility.

#### **Standard 115.43 Protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

GEO Policy 5.1.2-A states inmates at high risks for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers; if placed in segregated housing involuntarily they shall have access to programs, privileges, education, and work opportunities to the extent possible; that the facility shall document any access to programs, privileges, education, or work opportunities that was restricted, duration of restriction and why; and that every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. Interviews of the Warden, PREA Compliance Manager, and segregation staff verified inmates at high risk of sexual victimization would not be placed in involuntary segregation unless other measures have been assessed. Other measures included moving housing areas or facilities. It was confirmed through Pre-Audit Questionnaire; investigative paperwork; and during interviews with the Warden, staff who supervise segregated inmates, and inmates; that no inmates at high risk for sexual victimization had been placed in involuntary segregated housing during the past 12 months prior to the audit. GEO documents any review of alternatives using the Sexual Abuse/Assault Available Assessment Form (attachment G) that addresses possible alternatives reviewed prior to placing inmates at high risks for sexual victimization shall not be placed in involuntary segregated housing.

**Standard 115.51 Inmate reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Riverbend Correctional Facility inmate handbook, PREA handouts, and posters throughout the facility provide specific internal and external ways for inmates to report sexual abuse, sexual harassment and retaliation by other inmates or staff for reporting sexual abuse and sexual harassment. Interviews of inmates and staff and review of investigations verified inmates knew of and used multiple internal and external ways to report incidents of abuse or harassment, and retaliation. Inmates can report verbally and in writing to staff; Georgia Department of Corrections Hotline, anonymously, and through a third party. The auditor tested the Georgia Department of Corrections Hotline. Staff accepts reports made verbally, in writing, anonymously, and from third parties, and promptly documents any verbal reports.

GEO Employees reporting Sexual Abuse or Sexual Harassment may report such information to the Chief of Security or facility management privately if requested. They may also report Sexual Abuse or Sexual Harassment directly to the GEO Employee Hotline, which is an independent, professional service, available 24 hours per day, 7 days a week on the Internet at [www.reportlineweb.com/geogroup](http://www.reportlineweb.com/geogroup) or at the toll-free phone number (866) 568-5425. Employees may also contact the Corporate PREA Director directly at (561) 999-5827.

**Standard 115.52 Exhaustion of administrative remedies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

X Non-applicable

Georgia Department of Corrections IIB05-0001 Statewide Grievance Procedures states grievances that reference sexual abuse are automatically reported to investigators and/or PREA Coordination for appropriate action and the grievance is closed, the inmate is informed no longer a grievance but processed under PREA.

### **Standard 115.53 Inmate access to outside confidential support services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

GEO Policy 5.1.2-A, and Riverbend Correctional Facility Policy 10.22 states inmates shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations; and the facilities shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. Information is provided to the inmates through various means from fliers to posters throughout the facility.

Riverbend Correctional Facility was using a phone number for RAINN, but before and during the audit was advised by the Georgia Department of Corrections (client) to remove phone number and provide the inmates the RAINN address to write for confidential emotional support services related to sexual abuse. This does not meet the standard because RAINN does not conduct confidential emotional support services related to sexual abuse through written communication. This was discussed with staff from Georgia Department of Corrections who stated they had a conference coming up with JDI to provide assistance system wide. The auditor contacted JDI. Corrective Action Plan: Agency/facility needs to get a MOU with someone who will do by phone or by mail. The auditor recommended contacting Southern Crescent Sexual Assault Center who provides providing support to other GEO facility in GA (Robert A. Deyton Detention Facility). Once MOU is signed, post information throughout the facility and brief inmates of the change. Provide the auditor copy of the MOU and the new posters. Riverbend Correctional Facility provided the auditor all documents on April 12, 2017. The auditor found Riverbend Correctional Facility compliant with the standard.

### **Standard 115.54 Third-party reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)



**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

GEO Policy 5.1.2-A establishes a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. GEO websites outlines GEO methods to receive third party reports of sexual abuse and sexual harassment. GEO website provides a number and mailing address. Discussion with inmates demonstrated they knew how third-party reporting could be accomplished.

#### **Standard 115.61 Staff and agency reporting duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

GEO Policy 5.1.2-A and Riverbend Correctional Facility Policy 10.22 require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than extent necessary. Health practitioners are required to report sexual abuse and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Health practitioners during interviews stated they are required and would report sexual abuse. Review of investigative files; and interviews of staff and inmates verified staff immediately report to the facility's designated investigator any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and that staff does not reveal information related to a sexual abuse report other than to people authorize to discuss the report. Interviews with inmates and staff did not reveal any incident of sexual abuse or harassment not reported. Riverbend Correctional Facility had not received any reports of abuse from anyone considered a child or vulnerable under Georgia law.

#### **Standard 115.62 Agency protection duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

GEO Policy 5.1.2-A and Riverbend Correctional Facility Policy 10.22 requires staff to take immediate action to protect any inmate they learn is subject to substantial risk of imminent sexual abuse. Interviews with staff demonstrate they know the steps to take to protect an inmate subject to risk of imminent sexual abuse. Security staff immediately employs protection measures as the information is passed to the Investigator, PREA Compliance Manager and Warden. Per the interview with the PREA Compliance Manager and Warden, no inmate has reported substantial risk of imminent sexual abuse. The Pre-Audit Questionnaire reported no cases of inmates at substantial risks of imminent sexual abuse.

### Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

GEO Policy 5.1.2-A requires when an allegation that an inmate was sexually abused while confined at another institution, the Warden that received the allegation shall notify the Warden where the alleged abuse occurred within 72 hours after receiving the allegation; that all sexual abuse allegations reported by another institution regarding any inmate that was confined at the Riverbend Correctional Facility be fully investigated. Interviews with the Warden, PREA Compliance Manager, and investigator confirmed their knowledge of the policies and responsibilities to report any allegations and investigate any allegations that may have occurred at Riverbend Correctional Facility. Auditor was provided a memorandum stating there was no allegation that an inmate was sexually abused while confined at another institution.

### Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

GEO Policy 5.1.2-A, Riverbend Correctional Facility Policy 10.22, Riverbend Correctional Facility Response Plan outlines procedures to respond to an allegation of sexual abuse for both security and non-security staff. All staff had a PREA pocket card issued to them and most carry with them that provides steps for PREA incidents reported to staff and for PREA incidents observed by staff. There is a Riverbend Correctional Facility Incident Checklists that is part of the Riverbend Correctional Facility Response Plan to be used when responding to sexual abuse or sexual harassment. The plan includes key staff and numbers to contact, numbers for hospital and other key contacts. Random interviews with security and non-security staff confirmed both security and non-security staff were very knowledgeable what to do upon learning an inmate was sexually abused to include separating the alleged victim and abuser; how to preserve the crime scene; and what actions inmates should not take in order not to destroy physical evidence. No forensic exams were conducted by SANE/SAFE staff in the 12 months prior to the audit.

### Standard 115.65 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Riverbend Correctional Facility Response Plan coordinates actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, and facility leadership. It did not include investigators actions/ responsibilities. Investigator was very familiar with his coordinated actions to include with outside investigative agencies. During the interim report writing period, the Riverbend Correctional Facility Response Plan was updated to include investigators actions/ responsibilities. The auditor was provided a copy, reviewed it and found the facility “meet standard” on April 6, 2017.

**Standard 115.66 Preservation of ability to protect inmates from contact with abusers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

GEO Policy 5.1.2-A addresses collective bargaining units and states in every case remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation. Riverbend Correctional Facility has not updated the collective bargaining agreement since PREA standards became applicable. Review of investigations demonstrates that Riverbend Correctional Facility will separate the victim from the accused staff member in both sexual abuse and harassment usually by placing the staff member in a position where there would be no contact with the inmate. If the abuser was an inmate, he is normally moved to another housing unit.

**Standard 115.67 Agency protection against retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

GEO Policy 5.1.2-A require a staff member be designated to monitor for retaliation against staff or inmates who reported or had been sexually abused or harassed; provided multiple protection measures for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations; monitoring the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff; and conducting periodic status checks through interviews at least every seven days; monitoring will occur for at least 90 days following the report of the allegation; and may go beyond the 90 days if the monitoring indicates a continuing need. All monitoring is logged on the “Protection from Retaliation Log.” Nine (9) of 16 monitoring cases reviewed did not have periodic status checks through interviews at least every seven days following the allegation being reported. The corrective action plan is for the facility to provide the auditor a copy of monitoring being conducted for approximately 90 days of any monitoring being conducted. Riverbend Correctional

Facility provided monitoring logs for monitoring conducted through July 2017. Monitoring was being conducted to include face to face with the detainee every seven days. On August 13, 2017, the auditor found Riverbend Correctional Facility in compliance with the standard.

#### **Standard 115.68 Post-allegation protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

GEO Policy 5.1.2-A and Riverbend Correctional Facility Policy 10.22 states involuntary segregated housing for inmates who have alleged to have suffered sexual abuse may be used only after an assessment of all available housing alternatives has shown there are no other means of protecting the inmate; and use of protective custody to protect alleged victim is only used as a last resort for a very short time. If placed in segregated housing involuntarily they shall have access to programs, privileges, education, and work opportunities to the extent possible; and that the institution shall document any access to programs, privileges, education, or work opportunities that was restricted and that every 30 days, the institution shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. There were no inmates who have alleged to have suffered sexual abuse in protective custody during the audit. Interviews of the Warden, PREA Compliance Manager, staff and inmates, there were no instances of using segregation housing to protect inmates who had alleged to have been sexually abused in the last 12 months. They also stated alternate protective measures would be used in lieu of protective custody and if they had to place an inmate in segregated housing involuntarily they would have access to programs, privileges, education, and work opportunities to the maximum extent possible.

#### **Standard 115.71 Criminal and administrative agency investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Based on review of GEO Policy 5.1.2-E, Riverbend Correctional Facility Policy 10.22; PREA investigations reviewed; interviews of Riverbend Correctional Facility Warden, PREA Compliance Manager, and investigator it was determined an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Riverbend Correctional Facility conducts its investigations using uniform evidence protocols.

The auditors reviewed 21 investigations of sexual abuse and sexual harassment at Riverbend Correctional Facility during the audit cycle and interim report writing period. There were five (5) inmate-inmate allegations: one (1) inmate-on-inmate sexual harassment unsubstantiated; three (3) inmate-on-inmate sexual harassment unfounded; and one (1) inmate-on-inmate sexual abuse unsubstantiated. Two (2) consensual inmate-inmate sexual activity cases also were investigated and determined to be substantiated.

There were 14 staff-on-inmate allegations: two (2) staff-on-inmate sexual harassment unsubstantiated; nine (9) staff-on-inmate sexual harassment unfounded; one (1) staff-on-inmate sexual abuses unsubstantiated; and two (2) staff-on-inmate sexual abuse unfounded.

The PREA Investigator has received the GEO specialized training for PREA investigators. This is a very extensive training program.

The investigator stated that he collects the appropriate direct and circumstantial evidence, reviews the video tapes, interviews the alleged victim, suspected perpetrators, and witnesses. He also reviews prior complaints and reports of sexual abuse involving the suspected perpetrator. All investigations are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The Investigator also stated that the credibility of the victim, suspect, or witness is always assessed on an individual basis. Polygraphs are not used in PREA investigations.

When conducting administrative investigations, the Investigator always makes a determination whether staff actions or failures to act contributed to the abuse.

Investigations are not ended because the victim or the abuser is no longer under the custody of the agency. This would also be the case if the alleged abuser was a staff member and resigned from the facility; the investigation would go on until its conclusion. GEO policy and procedures state that PREA investigation files will retain all written PREA reports for ten years.

### **Standard 115.72 Evidentiary standard for administrative investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

A review of GEO Policy 5.1.2-E and investigations; and interviews with the investigator and administrative staff confirm the Riverbend Correctional Facility has no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the investigator was asked what standard of evidence was used in determining if an allegation is substantiated, the agencies policy was recited confirming compliance with the standard. All investigative reports state “Based on preponderance of evidence...”

### **Standard 115.73 Reporting to inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

GEO Policy 5.1.2-A requires facilities to inform the inmate as to whether the allegation of sexual abuse has been determined to be substantiated, unsubstantiated, or unfounded; if investigated by an outside agency, request the outside investigative agency inform the inmate as to whether the allegation of sexual abuse has been determined to be substantiated, unsubstantiated, or unfounded; if the allegation is against a staff member, the facility shall inform the inmate whenever the staff member is no longer posted within the inmate’s unit, no longer employed at the institution, has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a

charge related to sexual abuse within the institution; if the inmate allegation is against an inmate be whenever the alleged abuser has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; and that all notifications will be documented.

Prior to and during the audit, Riverbend Correctional Facility provided copies of notifications to the inmates. Riverbend Correctional Facility notifies all inmates whether the allegation was sexual abuse or sexual harassment. Prior to the audit, the auditor reviewed 13 notifications to inmates from 2015 and 2016; and reviewed the remaining notifications of cases closed during the audit cycle. The auditor found all notifications were timely and well documented using a standard notification form.

#### **Standard 115.76 Disciplinary sanctions for staff**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Per GEO Policy 5.1.2-E, GEO employee handbook, and interviews with staff: staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies; termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse; and disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. There were no staff cases substantiated, thus no disciplinary sanctions for staff.

#### **Standard 115.77 Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

GEO policies 5.1.2-A and 5.1.2-E prohibit contractors or volunteers who engaged in sexual abuse to have contact with inmates and requires they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Review of investigations, and interview of the Warden and investigator demonstrated there have been no substantiated allegations of sexual abuse by contractors or volunteers. Interviews with contractors and volunteers confirmed they knew the punishment for engaging in sexual abuse or sexual harassment of inmates or staff.

#### **Standard 115.78 Disciplinary sanctions for inmates**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Per review GEO policies 5.1.2-A and 5.1.2-E, and interviews with Riverbend Correctional Facility staff, inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse; sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories; and considers whether an inmate’s mental disabilities or mental illness contributed to his behavior. Georgia Department of Corrections SOP IIB02-0001 provides inmate offense and sanctions for offenses. Georgia Department of Corrections SOP VG34-0001 requires disciplinary process to consider inmates disabilities or mental illness. In the 12 months prior to the audit there have been no substantiated finding and disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. Georgia Department of Corrections prohibits all sexual activity between inmates and discipline inmates for such activity. The two consensual sex cases were substantiated and inmates appropriately disciplined and not for sexual abuse.

**Standard 115.81 Medical and mental health screenings; history of sexual abuse**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

GEO Policy 5.1.2-A and Riverbend Correctional Facility Policy 10.22 requires all new inmates receive a PREA screen upon arrival, along with a medical and mental health screen. If any of these identify someone as having experienced prior sexual victimization or previously perpetrated sexual abuse, whether in a prison/jail setting or in the community, they will be offered a medical and mental health follow-up meeting within 14 days. Prior to and during the audit, reviewed PREA screens and medical and mental health records, it was determined inmates who reported prior sexual victimization or previously perpetrated sexual abuse were offered consults with medical and mental health practitioners within 14 days of the screen. Of the 13 cases reviewed, three (3) accepted the offered mental health consults, ten (10) did not. All cases were documented. Interviews of medical and mental health staff confirmed follow-up meetings would be scheduled and conducted. Interview of inmates who previously experienced prior sexual victimization reported they were offered medical and mental health consultation. Interviews of medical and mental health staff confirmed any information related to sexual victimization or abusiveness that occurred in the institution is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments.

**Standard 115.82 Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

GEO Policy 5.1.2-A states inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment; inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Qualified medical practitioners are on duty 24 hours. Upon returning from the hospital a nurse evaluates and documents the inmate’s health status, and refers the inmate for mental health services. The inmate is prioritized for sick call and if the emergency room does not complete testing sexually transmitted diseases, testing is done at the facility. Per GEO Policy 5.1.2-A requires inmate victims of sexual abuse shall receive timely, unimpeded access to outside emergency medical exams without financial costs. The services at no costs are provided regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Forensic exams are offered for alleged sexual abuse within the last 96 hours. There was one case that was reported within 96 hours and requested a forensic exam, but the inmate refused a forensic exam when he arrived at the hospital. The refusal is documented by both the Oconee Regional Medical Center using its medical form; and Riverbend Correctional Facility using a Georgia Department of Corrections form.

**Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Based on review of GEO Policy 5.1.2-A and interviews with staff and inmates; and medical and mental health documentation demonstrate Riverbend Correctional Facility offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. The auditor reviewed eleven inmate records (victims and abusers). Riverbend Correctional Facility provides victims with medical and mental health services consistent with the community level of care. Mental health evaluations are conducted on all known inmate on inmate abusers within 60 days of learning such abuse.

Standards 115.83 (d) and (e) are non-applicable as Riverbend Correctional Facility is a male only facility.

**Standard 115.86 Sexual abuse incident reviews**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**



GEO Policy 5.1.2-A identifies the minimum members of the review team, and covers the process for sexual abuse incident reviews to include a form the review team uses that addresses whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the institution; whether physical barriers in the area may enable abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff. The auditor reviewed all the incident reviews during the audit period. All elements of the standard are reviewed. GEO has an excellent PREA after action review form that addresses all elements of the standard. Incident review team members were interviewed and were knowledgeable of the process.

### **Standard 115.87 Data collection**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

GEO Policy 5.1.2-A requires the collection of uniform data that provides the minimum data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency collects accurate uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument. GEO collects accurate uniform data for every allegation of sexual abuse at facilities under its control using standardized instruments. GEO facilities provide monthly reports and PREA surveys to GEO headquarters. A monthly PREA Incident Tracking log is used to collect and provide the GEO PREA Coordinator data on sexual abuse and harassment incidents. Per conversation with GEO staff the data is aggregated. Upon request from DoJ, GEO provides the data. The auditor reviewed the Riverbend Correctional Facility monthly PREA tracking log, and GEO 2014 and 2015 annual PREA report. Review of previous DoJ Survey of Sexual Violence reports, annual agency PREA reports, and data submitted by the institution demonstrated the agency collects uniform data to be used by GEO and Georgia Department of Corrections.

GEO does not contract its inmates to other facilities (115. 87 (e)).

### **Standard 115.88 Data review for corrective action**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

GEO Policy 5.1.2-A requires GEO to review the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problem areas and take corrective actions. It is then provided to the agency contracted with, who should produce an annual report with comparisons from previous years and corrective actions, and posted on that agency website. The GEO annual report is very comprehensive in scope, provides data, an assessment of its PREA program and areas of focus, and includes the

agency's progress in meeting the PREA Standards. The GEO home page has a PREA link to its PREA page that lists its PREA related policies, reporting information, and the GEO annual report. The auditor previously reviewed the GEO 2013, 2014, and 2015 PREA annual reports. The GEO PREA annual report is a very good report with comparison of current and previous year data; and an assessment GEO's effectiveness of its sexual abuse prevention, detection, and response policies and actions to eliminate sexual abuse and sexual harassment. The GEO website PREA tab is easy to find, and is very informative.

**Standard 115.89 Data storage, publication, and destruction**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

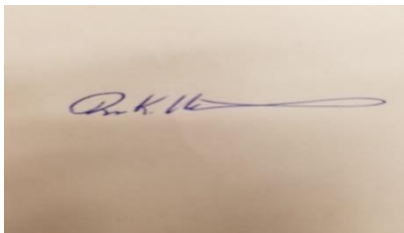
**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of GEO Policy 5.1.2-A, website, storage of documents at the facility, and interviews of staff it is determined data is properly stored, maintained and secured. Access to data is controlled. Aggregate data on all its facilities is available to the public through its website. All GEO institution data is in the annual report and posted on the website, only the last report is posted. GEO maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of the initial collection in accordance with the GEO Retention Records Schedule. Before making aggregated sexual abuse data publicly available, GEO removes all personal identifiers.

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.



December 1, 2017

Auditor Signature

Date